PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1082 1010

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA												D THAN
<u></u>			(Colum	nn 1)	(Column 2)			TYPE		OR	SMALL ENTITY	
	OTAL CLAIMS	S ————	102		_			RATE	FEE	7	RATE	FEE
F	OR		NUMBEI	RFILED	NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEI	770.00
Ţ	OTAL CHARGE	ABLE CLAIMS	144 m	inus 20=	124			X\$ 9=		OR	X\$18=	2232
IN	DEPENDENT (CLAIMS	Цп	ninus 3 =	*			X43=	1	OR	X86=	1
М	ULTIPLE DEPE			 			86					
*	f the difference	e in column 1 is	less than z		+145=	 	OR	+290=	290			
		CLAIMS AS A	MENDE		TOTAL		OR	TOTAL	3378			
	·	(Column 1)		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	PAID F	UH	=	ŀ	X\$ 9=	FEE	OR	X\$18=	FEE
ME	Independent	*	Minus	***		=	ŀ	X43=	 	1 1	X86=	
٩	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-	A40=		OR		
				·			L	+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
MENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	·	=		X\$ 9=	,	OR	X\$18=	
	Independent	* NTATION OF ML	Minus	***	N A164	-	1	X43=	·	OR	X86=	
	THIOT THEOL	INTERIOR OF MIC	CIPLE DEF	ENDENT	LAIM			+145=		OR	+290=	
						•	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)						
ENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
IMEN	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	shirts.		=		X43=		`` 	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		H	740=		OR	∧00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
T	he "Highest Numb	per Previously Paid	For" (Total or	Independent)	is the h	ાghest number f	ound	in the appr	opriate box	in colun	าก 1.	

Formality Review Claims Count Sheet

Case No. 10821010

Date: 04,08,04

Case N	10. 108	2	010	<u>) </u>						Date: <u>04 /08 / 04</u>				
No.	As F	illed D	ep:	No.	As F	iled D	ρ	No.	Asir Ind	0(11)	Sjo:	As i	iled Dep	
1				51				. 101		4	151			
2	•			52		·	<u> </u>	102		4	152	,		
3				53		<u></u> .	<u> </u>	103			153			
4				54				104	·		154			
5				55				105			155			
6				56				106		<u> </u>	156			
7				57				107			157			
8				58				108	 -		158			
9				59				109			159			
10	·			60				110			160			
11				61 62			-	111			161			
12				63				112			162 163			
14	<u>. </u>			64			 	113			163			
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19				69				119		· · · · · · · · · · · · · · · · · · ·	169			
20				70				120			170			
21				71				121			171			
22				72				122			1.72			
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28		ļ		78				128			178			
29		· ·		79				129			179			
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48			<u> </u>	98		4	•	148			198			
49			1	99		4	-	149			199			
50			1	100		4	<u> </u>	150			200			
T. Ind.				T. Ind.	- 1			T. Ind.	4	<u> </u>	T. Ind.			
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Total			i	Total	· · · · · · · · · · · · · · · · · · ·			Total	144		Total			
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